

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8206	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  R 02/13/2013
NAME OF PROVIDER OR SUPPLIER  CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X5) COMPLETE DATE	
(N 848)	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the clean linen storage areas were maintained under a relative positive air pressure. The findings include: Observation of the laundry on February 13, 2013 at 10:20 a.m. confirmed the clean linen storage room was at a strong negative pressure relative to the corridor. This finding was verified and acknowledged by the Maintenance Supervisor during the exit conference on February 13, 2013.</p>	(N 848)	<p>1. The door leading to the corridor was closed.</p> <p>2. All rooms requiring positive or negative pressure were checked to ensure compliance.</p> <p>3. A log will be created and maintained and all rooms that require positive or negative pressure will be checked on a regular basis by Maintenance Director or designee. Maintenance, Dietary, Laundry and Housekeeping will be inservice on the importance of keeping air vents in proper working position.</p> <p>4. Random audits will be done by the Maintenance Dept. to ensure compliance. Logs in inservice records will be submitted to the Safety Committee and presented to the QA&amp;A Committee at the regular Monthly meeting. Logs will be reviewed by QA&amp;A X three months.</p>	2/13/13	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

Administrator

2/28/13

6000

6LL022

If continuation sheet 1 of 1